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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H. HILFINGER
DIRECTOR

**Advisory Committee on Pain and Symptom Management (ACPSM)
Meeting Minutes**

November 2, 2012

Members in attendance:

Lawrence Ashman, DDS
Daniel Berland, MD
Steven Creamer, MA, Acting Chair
Lisa Gigliotti, JD
John Jerome, PhD
Jody Kohn, MSW
Jeanne Lewandowski, MD
William Morrone, DO

Robert Noiva, MD
Lawrence Prokop, DO
Steven Roskos, MD
Claire Saadeh, Pharm.D, BCOP
Karel Schram, PA

Members absent:

Lisa Ashley, MSW
Dennis Dobritt, DO

Carmen Green, MD
Rae Ramsdell, Chair
April Hazard Vallerand, PhD, RN

Visitors in attendance:

Annette Crocker
David Crocker
Kathleen Gross
Kay Felt
Brandy Schlugel

Representing/Appointed by:

Michigan Board of Dentistry
Michigan Board of Medicine – pain specialist
LARA/Bureau of Health Professions
Governor appointee – public member with chronic pain
Michigan Board of Psychology
Governor appointee - public member
Michigan Board of Medicine – primary care
Michigan Board of Osteopathic Medicine & Surgery –
primary care
Oakland University William Beaumont School of Medicine
Michigan State University/College of Osteopathic Medicine
Michigan State University/College of Human Medicine
Michigan Board of Pharmacy
Michigan Task Force on Physician's Assistants

Governor appointee – state hospice organization
Michigan Board of Osteopathic Medicine & Surgery – pain
specialist
University of Michigan School of Medicine
LARA/Bureau of Health Professions
Michigan Board of Nursing

Michigan Holistic Health
Michigan Holistic Health
Michigan Psychiatric Society
Attorney
Pharmacy student

Department staff in attendance:

Susan Affholter
Tanya Baker
Nirva Civilis
Steve Creamer
Deb Ingraham
Steve Kline
Michael Wissel

The meeting was called to order at 9:34 a.m.

Welcome –Steve Creamer, Acting ACPSM Chair:

Creamer welcomed all members of the Advisory Committee on Pain and Symptom Management (ACPSM) to the meeting.

Currently, the ACPSM has no Governor appointee from the Wayne State University School of Medicine as their latest appointee, Marie Atkinson, MD has taken another position.

A packet of 2012 information was handed out to all members and staff. The packet included the following: 1) May 4, 2012 meeting minutes; 2) ACPSM recommendations for 2011-2013; 3) Bureau of Health Professions' *Position Statement on the Use of Medical Marihuana for Pain*; 4) *Michigan Guidelines for the Use of Controlled Substances for the Treatment of Pain*; and 5) *The Model Core Curriculum on Pain Management for Michigan Medical Schools*.

A motion to approve the May 4, 2012 meeting minutes was made by Gigliotti and seconded by Morrone. The minutes were approved.

Creamer referenced the ACPSM 2012-13 recommendations handout and provided an update on what is being done or has been done to implement the recommendations. He noted that the first recommendation was to develop a pain management toolkit for health professionals. The toolkit is almost complete. The second recommendation was to develop a pain management toolkit for the public. It is done. Creamer showed it on the pain management website. The third recommendation was to develop and implement communication strategies to reach the public. Similarly, the fourth recommendation was to develop and implement communication strategies to reach health professionals. Creamer stated that the public service announcement campaign and the social media campaign have been completed and will be ongoing. The fifth recommendation was to complete follow up work from the May 2011 Medical School Curriculum Summit. There will be a letter sent out to the medical schools from the LARA director.

Creamer then noted that the Michigan Medical Marihuana statute provides for a review panel. The review panel will include seven members of the ACPSM. The panel has been formed and the first meeting of the review panel will be on Friday, December 14, 2012 from 1:00 – 4:00 p.m. This meeting is open to the public. At this first meeting two conditions will be reviewed: Parkinson's disease and post traumatic stress disorder.

Creamer called attention to the Bureau of Health Profession's position statement on the use of medical marihuana for pain and other health conditions. In brief, the position statement says, "*the Bureau of Health Professions/Michigan Department of Licensing & Regulatory Affairs does not take an official position on the effectiveness of medical marihuana to treat pain and other health conditions.*" A discussion followed.

Creamer stated that the final BHP/ACPSM FY 2011 Annual Report will be out soon but is not yet available.

Creamer also noted that there are going to be some administrative changes and re-organization done within the bureau very soon and that he did not know whether Rae Ramsdell would be continuing as chair of ACPSM, or if it would be the new bureau director.

MAPS Update/Revised Controlled Substances Guidelines - Mike Wissel

Wissel started by discussing the project that the MAPS program is working on with Doctor First. This project involves incorporating MAPS data into electronic medical records. Wissel then discussed the Prescription Monitoring Program Interstate (PMPI) Hub, and the Hub with the National Association of Boards of Pharmacy (NABP). There are now 26 states operational or planning to become operational. Wissel noted that the Pharmacy Program is testing the health information exchange with emergency rooms that have access to electronic medical records. Also, as of October 1, 2012 the Pharmacy Program has restarted the patient intervention program using \$200,000 of our restricted funds. It is working with the same agency it used before. This program targets the Medicaid population and is concentrated on Livingston, Lenawee, and Washtenaw Counties. Medicaid insurance is paid for by the State of Michigan, which has an interest in improving quality care and lowering costs associated with this population. If the Pharmacy Program could get the insurance companies to participate in this patient intervention program, more doctors could be recruited to help. Wissel noted that if they contacted 10 patients, they would be lucky to get one return call. Wissel said that he is working to get the administrative rules opened so that reporting would be required more often.

Creamer and Lewandowski noted that using MAPS means you can prescribe confidently and safely.

ACPSM Subcommittee Reports/Project Updates

Professional Education - Subcommittee report given by Claire Saadeh/Susan Affholter

It was the task of this subcommittee to develop a pain toolkit for health care professionals. Saadeh noted that there are different formats that could be selected for a health professional toolkit. Affholter and Saadeh presented a poster format entitled *A Pain Toolkit for Health Care Professionals*. They noted that the third essential principle on side one suggests not jumping to pain medications as the first step in treating pain. Lewandowski suggested that it is better to say inappropriate treatment instead of over or under treatment for the fifth point. Discussion about principle number six suggested changing it to say "To Increase Patient Safety" as the principle. It was then decided to

move points c, d, and e from number six to number seven as they would be more appropriate under that principle which is on the misuse, abuse, and diversion of pain medications.

Roskos added more suggestions for the toolkit: populate the toolkit with more tools such as an opioid risk assessment tool, an opioid patient-physician agreement, and a pain diagram that would allow a patient to identify where the pain is. Gigliotti suggested adding Roskos' suggestions as embedded links.

On the second page is a list of resources that correspond to each pain principle.

Affholter asked for suggestions on how we should distribute this poster. Suggestions included the following: promote in the *MiPainManagement* newsletter; it could be sent out in bureau mailings; it could be presented (handed out) to groups, committees, or at conferences; the principles could be communicated using social media and promoted when speaking with physicians. Noiva pointed out that if it was just a piece of paper it would be thrown away, but if it were laminated people would tend to keep it.

Professional Education - CMEs

Also in regards to professional education, there was a discussion on creating educational incentives that would lead prescribers to do a better job prescribing pain medications/opioids. Berland suggested we add teeth to the administrative rules by putting a CME requirement into the rules. Creamer pointed out that, for the Michigan Board of Medicine, the administrative rules have not been opened since 1991. Jerome then made a motion to make a recommendation from the ACPSM to LARA to open the rules and enforce the rule for at least 1 hour CME for physicians per cycle for licensure. Morrone seconded the motion and it carried. Gigliotti will read/research the appropriate section of the administrative rules, and will talk with the DLARA legislative liaison about this. Gigliotti noted that the enforcement part is there.

Professional Education - 2012 Pain Management & Palliative Care Assembly (Steve Creamer)

A report was given on the Pain Management Program's fall conference. From 2009 through 2012 the Pain Program collaborated with the state's hospice organization (which is now named Hospice and Palliative Care Association of Michigan – HPCAM), but Creamer announced that in 2013 and onward, the Pain Program will be taking some different directions. He asked if the DLARA Pain Management Program should offer a conference, if it should sponsor other organizations' conferences, or both. Morrone suggested a focus on treating to effect and treating to function, which are different directions. Lewandowski emphasized, however, that our content is unique and very important, and that the Michigan Academy of Family Physicians might be a good partner.

It was suggested that we put together a presentation template that can be used when ACPSM members do trainings that the Pain Program/LARA can support.

Professional Education - 2013 Interprofessional Education Project - Claire Saadeh

Creamer informed the committee that the Pain Program was going to sponsor a project the Saadeh initiated, and which is backed by the Ferris State University College of Pharmacy and the Michigan State University College of Osteopathic Medicine. The goal of the project is to train various health professionals to work effectively as an interprofessional/ multidisciplinary team in order to create the best patient outcomes (patient-centered care). Three training sessions would be offered (February 8, May 31, and September 13) with pain management being a focus topic during the first training session.

Health Consumer Education Subcommittee – Jody Kohn/Steve Creamer

Kohn reported that the subcommittee met in July and August and talked with LARA's media division about the toolkit and the PSA's. In August the toolkit and PSA's were reviewed. In September the PSA campaign was launched. The subcommittee also talked about using social media. Gigliotti added that the subcommittee's goal is to educate the public on what they can do to better manage their pain.

Pre-professional Education Subcommittee – Steven Roskos/Susan Affholter:

Roskos reported that the subcommittee has finished the *Model Core Curriculum on Pain Management for Michigan Medical Schools*. He gave a history of how it was developed and noted that their goal has been to create the essential pain content for managing pain with a focus on areas where there are likely to be deficiencies. The content includes Michigan laws and resources. For each content area, objectives are given. Much of the content is probably already in place in medical schools, but, overall, the pain content would need to be integrated throughout the medical school curriculum.

He stated that the next step would be a letter from LARA to the deans of curriculum for all state medical schools; the model curriculum would be enclosed with the letter. Following the mailing of the letter/curriculum, an in-person appointment would be made to discuss the curriculum with the dean to further promote the integration of the curriculum into the medical schools' current curricula.

The subcommittee has an interest in getting the curriculum published and distributed.

Following this, the subcommittee could work on creating versions for other health professionals besides physicians.

Noiva stated that it would be nice to have tools for tracking on the impact of the curriculum. For example, it would be useful to have questions about this curriculum included on the medical student's exam. He also wondered if there was expertise within the committee to write exam questions. Jerome noted that content specific resources are necessary for this to be reliable. Overall, Noiva asked if there were ways to measure the effectiveness of the curriculum.

PSA & Social Media Campaign Report – Nirva Civilus/Tanya Baker:

Media Campaign

Civilus showed the television PSA's and played the radio PSA's. She reported that they were broadcast on 37 television stations and 280 am/fm radio stations as well as 15 Spanish speaking stations. She noted that on the western side of the state they were playing 3-4 times per week. However, she has not been able to get good data about all playing including web site traffic because they were not paid spots. She added that when doing PSA's LARA has to leverage relationships. That is, media are obligated to play but they are not obligated to play at good times. She also noted that this is a six month plan, and that they would reassess after the election. The goal is to start a conversation and to not look at one month (September being Pain Awareness Month) as a public relations stunt.

Different components of the media campaign included:

- The Governor's Proclamation; all legislators were aware of it;
- PSA's for 6 months;
- Op ed article to the print media;
- Radio interviews – Affholter did two; Creamer did one; and Civilus did an interview with Creamer;
- Feature TV on digital signage in six Unemployment Agency Problem Resolution offices, Detroit Michigan Works; SEMCA. DHS will be playing it within a month.
- Hospitals are looking into using state psa's; more specifically, Henry Ford Hospital System is considering playing it;
- It is also being played on the State of Michigan phone systems when people are put on hold.

Social Media

Baker reported that there was one Tweet and one Facebook post each day in September. By the end of September there were 16 likes, 9 shares, and 10 comments to the Facebook posts and we had gained 53 more followers to the site. Twitter gained 58 followers. This is the first month long campaign LARA has done.

Baker then reported that the demographics for Facebook are 59% female and 39% male. The largest population is 35-44 year olds; the second largest population is 25-34 year olds; and the third largest population is 45-54 year olds.

Baker noted that the social media campaign generated public comments about using marihuana for pain control. These comments caused the LARA Pain Management Program, a program that is scientifically and evidence-based and completely unrelated to the Medical Marihuana Program, to issue a position statement on the use of medical marihuana for pain and other health conditions. Baker mentioned that people were trying to promote products and services for medical marihuana. These posts had to be taken down.

In regards to the daily posts of the pain tips, they received a lot of likes.

Saadeh wondered if other states were/are doing anything like this media campaign. Kohn, a former leader for the American Pain Foundation, replied that what we do in Michigan is not duplicated anywhere else and that we are looking at Michigan as the standard bearer. She also noted that Oregon is the only other state where they are doing anything like this. She said they have their pain coordinator. Noiva wondered if we could do anything on Pinterest, but Baker stated that LARA does not have an account.

Civilus stated that this campaign will not end in September. It is ongoing with long term goals to leverage the free things, but that with funding, we might pay for other media venues.

Closing Discussion/Public Comment:

Goals for the next meeting

Proposed FY 13 meeting dates

Creamer noted that proposed meeting dates for 2013 are Friday, May 3, 2013 and Friday November 1, 2013.

Travel Reimbursement

Ingraham noted that if anyone wanted to claim travel reimbursement they should contact her. Upon request, Ingraham will email the travel reimbursement form. Once it is completed and returned to her, Ingraham will submit their request for reimbursement. Note that committee members **must be registered on the state of Michigan website at www.cpexpress.state.mi.us before the state will issue any travel reimbursement.**

Public Comment

David Crocker, MD, an interventional radiologist, stated that he could assure the ACPSM that the medical marihuana group is not fringe or marginal. He emphasized that we must give the respect to these people that they deserve. He noted that there are professionals in the program, and that it is not just a bunch of "kooks." He encouraged board members who will be serving on the review panel to please come with an open mind.

Creamer responded to Crocker. He stated that a lot of the time the most vocal of a group tends to be a bit kooky, that many are the fringe, and that is much of what we see. He emphasized, however, that the medical marihuana review process would be a fair process.

Kay Felt commented on the professional education toolkit (under the sixth principle) and had concerns about the wording around the patient only having one pharmacist. She

also noted that members of the public may wish to make comments. She commented that the PSA's were wonderful, especially the Spanish PSA, and that with 15% of Oakland County being from Arabic-speaking origins, we should do something similar in Arabic.

Adjourn – Steve Creamer:

The motion to adjourn was made by Prokop and seconded by Saadeh. The meeting was adjourned at 12:40 p.m.